Texas Education Agency Standard Application System (SAS)

| Program authority: | 2018–2019 Services to Students with Dyslexia Texas Education Code, 29.027 as added by House Bill 21, Section 3, 85th Texas Legislature, 2017 | | | FO | FOR TEA USE ONLY Write NOGA ID here: | | | |
|--|---|--|---|----------------------------|--------------------------------------|----------|-----------------|---------|
| Grant Period: | | May 1, 2018, to August 31, 2019 | | | | | | |
| Application deadline: | | | | 118 | | | Place date star | no hace |
| Submittal information: | Applicants m original signal only and signal contractual a aforemention | Applicants must submit one original copy of the application with an original signature, and two copies of the application, printed on one side only and signed by a person authorized to bind the applicant to a contractual agreement, must be received no later than the aforementioned date and time at this address: Document Control Center, Grants Administration Division Texas Education Agency, 1701 North Congress Ave. Austin, TX 78701-1494 | | | TEXAS ENTOATION | | | |
| Contact information: | | _ | Austin, TX | 78701-1494 | | 32 | 12 | > M |
| contact information: | Karın Miller, I | to a literal to the first time of the literal to th | of the last first transfer of the last transfer of | <u>10v,</u> (512) 463-9581 | | 100 | | AGERCY |
| | | Sche | dule #1—Gen | eral information | | 是是可 | L | A: |
| Part 1: Applicant Inform | nation | ms, Y | lik men | ce no finay Te | 7 -10 | | - 10 | 7 |
| Organization name | | Count | /-District# | | | A | | |
| Liberty Hill ISD | 246908 | | | All second | | Amenan | nendment# | |
| Vendor ID # | ESC Region # | | | | | | | |
| April 1 and the same of the sa | | 13 | 160 3= | 20 112 | -X-38-1 | | | |
| Mailing address | | | | City | | State | ZIP C | odo |
| 301 Forrest St | " V = 3 | y ell e | 5. | Liberty Hill | | TX | 78642 | |
| Primary Contact | | | | | | | | |
| First name | | M.I. | Last name | | Title | | | |
| Elyse | | 200 haster | Tarlton | 10. | | Director | | |
| Telephone # | | Email a | address | | FAX# | | | |
| 512-260-5590 | etarlton@libertyhill.txed | | ed.net | | | | | |
| Secondary Contact | | | | | | | | |
| irst name | | M.I. | Last name | | Title | | | |
| lennifer | | | Hannah | 5#5E In | CFO | | | |
| elephone # | | Email a | ddress | | FAX# | | | |
| | | ihannal | @libertyhill.txed.net 512-26 | | -5581 | | | |

I hereby certify that the information contained in this application is, to the best of my knowledge, correct and that the organization named above has authorized me as its representative to obligate this organization in a legally binding contractual agreement. I further certify that any ensuing program and activity will be conducted in accordance with all applicable federal and state laws and regulations, application guidelines and instructions, the general provisions and assurances, debarment and suspension certification, lobbying certification requirements, special provisions and assurances, and the schedules attached as applicable. It is understood by the applicant that this application constitutes an offer and, if accepted by the Agency or renegotiated to acceptance, will form a binding agreement.

Authorized Official:

Signature (blue ink preferred)

First name Elyse Telephone # 512-260-5590 M.I. Last name L Tarlton Email address

Email address etarlton@libertyhill.txed.net

Date signed

3/8/18

Title Director FAX #

512-260-5591

Only the legally responsible party may sign this application.

701-18-108-046

RFA #701-18-108; SAS #292-18 2018–2019 Services to Students with Dyslexia

| Schedule #1—General Inf | <u>formation</u> |
|--|------------------------------------|
| County-district number or vendor ID: 246908 | Amendment # (for amendments only): |
| Part 3: Schedules Required for New or Amended Applications | |

An X in the "New" column indicates a required schedule that must be submitted as part of any new application. The applicant must mark the "New" checkbox for each additional schedule submitted to complete the application. For amended applications, the applicant must mark the "Amended" checkbox for each schedule being submitted as part of the amendment.

| Schedule | Schedule Name | Applicat | Application Type | | |
|----------|---|-------------|------------------|--|--|
| # | | New | Amended | | |
| 1 | General Information | X | \boxtimes | | |
| 2 | Required Attachments and Provisions and Assurances | | N/A | | |
| 3 | Certification of Shared Services | | 1 1 | | |
| 4 | Request for Amendment | N/A | × | | |
| 5 | Program Executive Summary | X | - i | | |
| 6 | Program Budget Summary | X | - 1 | | |
| 7 | Payroll Costs (6100) | *See | - H | | |
| 8 | Professional and Contracted Services (6200) | important | H | | |
| 9 | Supplies and Materials (6300) | note for | | | |
| 10 | Other Operating Costs (6400) | competitive | Ħ | | |
| 11 | Capital Outlay (6600) | grants | H | | |
| 12 | Demographics and Participants to Be Served with Grant Funds | N N | - H | | |
| 13 | Needs Assessment | | H | | |
| 14 | Management Plan | | | | |
| 15 | Project Evaluation | | - H - | | |
| 16 | Responses to Statutory Requirements | | - H | | |
| 17 | Responses to TEA Requirements | | | | |

*IMPORTANT NOTE FOR COMPETITIVE GRANTS: Schedules #7, #8, #9, #10 and #11 are required schedules if any dollar amount is entered for the corresponding class/object code on Schedule #6—Program Budget Summary. For example, if any dollar amount is budgeted for class/object code 6100 on Schedule #6—Program Budget Summary, then Schedule #7—Payroll Costs (6100) is required. If it is either blank or missing from the application, the application will be disqualified.

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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: | | | |

| Schedule #2—Required Attachments and Provisions and Assurances | | | | |
|--|------------------------------------|--|--|--|
| County-district number or vendor ID: 246908 | Amendment # (for amendments only): | | | |
| Part 1: Required Attachments | | | | |

The following table lists the fiscal-related and program-related documents that are required to be submitted with the application (attached to the back of each copy, as an appendix).

| # | Applicant Type | Name of Required Fiscal-Related Attachment |
|--------------|---|--|
| No fis | cal-related attachments are requ | ired for this grant. |
| # | Name of Required Program-Related Attachment | Description of Required Program-Related Attachment |
| No рг | ogram-related attachments are re | equired for this grant. |
| Part : | 2: Acceptance and Compliance | |

By marking an X in each of the boxes below, the authorized official who signs Schedule #1—General Information certifies his or her acceptance of and compliance with all of the following guidelines, provisions, and assurances.

Note that provisions and assurances specific to this program are listed separately, in Part 3 of this schedule, and

require a separate certification.

| X | Acceptance and Compliance |
|-------------|---|
| \boxtimes | I certify my acceptance of and compliance with the General and Fiscal Guidelines. |
| \boxtimes | I certify my acceptance of and compliance with the program guidelines for this grant. |
| \boxtimes | I certify my acceptance of and compliance with all General Provisions and Assurances requirements. |
| \boxtimes | I certify that I am not debarred or suspended. I also certify my acceptance of and compliance with all Debarment and Suspension Certification requirements. |

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| | Schedule #2—Required Attachments and Provisions and Assurances |
|------|---|
| Cour | nty-district number or vendor ID: 246908 Amendment # (for amendments only): |
| Part | 3: Program-Specific Provisions and Assurances |
| | I certify my acceptance of and compliance with all program-specific provisions and assurances listed below. |
| # | Provision/Assurance |
| 1. | The applicant provides assurance that program funds will supplement (increase the level of service), and not supplant (replace) state mandates, State Board of Education rules, and activities previously conducted with state or local funds. The applicant provides assurance that state or local funds may not be decreased or diverted for other purposes merely because of the availability of these funds. The applicant provides assurance that program services and activities to be funded from this grant will be supplementary to existing services and activities and will not be used for any services or activities required by state law, State Board of Education rules, or local policy. |
| 2. | The applicant provides assurance that the application does not contain any information that would be protected by the Family Educational Rights and Privacy Act (FERPA) from general release to the public. |
| 3. | The applicant provides assurance that the program will operate as an independent campus or a separate program from the campus in which the program is located, with a separate budget. |
| 4. | The applicant provides assurance that the program will give priority for enrollment to students with dyslexia. |
| 5. | The applicant provides assurance that the program will limit enrollment and services to students who are at least three years of age and younger than nine years of age or are enrolled in the third grade or a lower grade level. |
| 6. | The applicant provides assurance that the program will allow a student who turns nine years of age or older during a school year to remain in the program until the end of that school year. |
| 7. | The applicant provides assurance that the local educational program (LEA) will not charge a fee for the program, other than those authorized by law for students in public schools. |
| 8. | The applicant provides assurance that the LEA will not require a parent to enroll a child in the program. |
| 9. | The applicant provides assurance that the LEA will not allow an admission, review, and dismissal committee to place a student in the program without the written consent of the student's parent or guardian. |
| 10. | The applicant provides assurance that the LEA will not continue the placement of a student in the program after the student's parent or guardian revokes consent, in writing, to the student's placement in the program. |
| 11. | The applicant provides assurance that the program will incorporate meaningful inclusion. |
| 12. | The applicant provides assurance that it will develop appropriate systems and processes to collect and report baseline academic and functional data and achievements for students enrolled in the program as required by TEA. |
| 13. | The applicant provides assurance that it will submit data on the academic and functional achievements to TEA, in a TEA approved format, by the requested date. This data may be the basis for awarding continuation grants. |
| | |

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Schedule #3—Certification of Shared Services County-district number or vendor ID: 246908 Amendment # (for amendments only):

I, as one of the below member entity authorized officials, certify that to the best of my knowledge, the information contained in this application is correct and complete, that the entity that I represent has authorized me to file this application, and that such authorization action is recorded in the minutes of the local agency's board meeting.

The participating or intermediate education agency named has been designated as the administrative and fiscal agent for this project and is authorized to receive and expend funds for the conduct of this project. The fiscal agent is accountable for all shared services arrangement (SSA) activities and is therefore responsible for ensuring that all funds including payments to members of SSAs are expended in accordance with applicable laws and regulations.

All participating agencies have entered into a written SSA agreement that describes the responsibilities of the fiscal agent and SSA members, including the refund liability that may result from on-site monitoring or audits and the final disposition of equipment, facilities, and materials purchased for this project from funds specified below.

It is understood that the fiscal agent is responsible for the refund for any exceptions taken as a result of on-site monitoring or audits; however, based upon the SSA agreement, which must be on file with the fiscal agent for review, the fiscal agent may have recourse to the member agencies where the discrepancy(ies) occurred.

Any additional funds that result from an increase will not require additional signatures. Each member identified below acknowledges accountability for the requirements contained in the provisions and assurances listed in Schedule #2, Parts 2 and 3, as applicable. Each member entity certifies its agreement to participate in this SSA, as stated throughout this grant application.

| # | County-District # and Name | Authorized Official Name and Signature | Telephone Number and Email Address | Funding Amount |
|-----|-------------------------------|--|------------------------------------|-------------------|
| Fis | cal Agent | | | g "_ you to _ : = |
| _ | County-District # | Name | Telephone number | Funding amount |
| 1. | County-District Name | | Email address | Funding amount |
| Me | mber Districts | = 0 | | |
| _ | County-District # | Name | Telephone number | Funding amount |
| 2. | County-District Name | | Email address | Funding amount |
| 3. | County-District # | Name | Telephone number | Funding amount |
| | County-District Name | | Email address | Funding amount |
| 4. | County-District # | Name | Telephone number | Funding and the |
| | County-District Name | | Email address | Funding amount |
| 5. | County-District # | Name | Telephone number | Funding annual |
| | County-District Name | | Email address | Funding amount |
| _ | County-District # | Name | Telephone number | Funding amount |
| 6. | County-District Name | | Email address | Funding amount |
| | County-District # | Name | Telephone number | F N |
| 7. | County-District Name | | Email address | Funding amount |
| _ | County-District # | Name | Telephone number | F |
| 8. | County-District Name | | Email address | Funding amount |

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| | unty-district number or vende | | Amendment # (1 | or amendments only) | |
|----------|-------------------------------|--|------------------------------------|---------------------|--|
| # | County-District # and Name | Authorized Official Name and Signature | Telephone Number and Email Address | Funding Amount | |
| Me | mber Districts | | N E W | <u> </u> | |
| 9. | County-District # | Name | Telephone number | Funding amount | |
| ٥. | County-District Name | | Email address | | |
| 10. | County-District # | Name | Telephone number | | |
| 10. | County-District Name | | Email address | Funding amount | |
| 11. | County-District # | Name | Telephone number | | |
| 11. | County-District Name | | Email address | Funding amount | |
| 12. | County-District # | Name | Telephone number | Funding amount | |
| 14. | County-District Name | | Email address | | |
| 13. | County-District # | Name | Telephone number | Funding amount | |
| 10. | County-District Name | | Email address | | |
| 14. | County-District # | Name | Telephone number | | |
| 17. | County-District Name | | Email address | Funding amount | |
| 15. | County-District # | Name | Telephone number | | |
| 10. | County-District Name | | Email address | Funding amount | |
| 16. | County-District # | Name | Telephone number | | |
| 10. | County-District Name | | Email address | Funding amount | |
| 17. | County-District # | Name | Telephone number | | |
| 17. | County-District Name | | Email address | Funding amount | |
| 18. | County-District # | Name | Telephone number | | |
| 10. | County-District Name | | Email address | Funding amount | |
| 19. | County-District # | Name | Telephone number | | |
| 15. | County-District Name | | Email address | Funding amount | |
| 20. | County-District # | Name | Telephone number | | |
| .0. | County-District Name | | Email address | Funding amount | |
| Alleren. | | | Grand total: | | |

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| Schedule #4—Requi | est for Amendment |
|---|------------------------------------|
| County-district number or vendor ID: 246908 | Amendment # (for amendments only): |
| Part 1: Submitting an Amendment | 1 = 1 |

This schedule is used to amend a grant application that has been approved by TEA and issued a Notice of Grant Award (NOGA). **Do not submit this schedule with the original grant application**. Refer to the instructions to this schedule for information on what schedules must be submitted with an amendment.

An amendment may be submitted by mail *or* by fax. Do not submit the same amendment by both methods. Amendments submitted via email will not be accepted.

If the amendment is mailed, submit three copies of each schedule pertinent to the amendment to the following address: Document Control Center, Grants Administration Division, Texas Education Agency, 1701 N. Congress Ave., Austin, TX 78701-1494.

If the amendment is faxed, submit one copy of each schedule pertinent to the amendment to either of the following fax numbers: (512) 463-9811 or (512) 463-9564.

The last day to submit an amendment to TEA is listed on the <u>TEA Grant Opportunities</u> page. An amendment is effective on the day TEA receives it in substantially approvable form. All amendments are subject to review and approval by TEA.

Part 2: When an Amendment Is Required

For all grants, regardless of dollar amount, prior written approval is required to make certain changes to the application. Refer to the "When to Amend the Application" guidance posted in the Amendment Submission Guidance section of the Grants Administration Division Administering a Grant page to determine when an amendment is required for this grant. Use that guidance to complete Part 3 and Part 4 of this schedule.

| | | | A | В | C | D |
|----|-------------------------------------|--|---|-------------------|-----------------|--------------------|
| # | Schedule # | Class/ Object Code | Grand Total from Previously Approved Budget | Amount Deleted | Amount Added | New Grand Total |
| 1. | Schedule #7: Payroll | 6100 | \$ | \$ | \$ | s |
| 2. | Schedule #8: Contracted Services | 6200 | \$ | \$ | s | s |
| 3. | Schedule #9: Supplies and Materials | 6300 | S | \$ | \$ | \$ |
| 4. | Schedule #10: Other Operating Costs | 6400 | S | \$ | \$ | \$ |
| 5. | Schedule #11: Capital Outlay | 6600 | S | \$ | S | Q Q |
| 6. | | rect costs: | S | \$ | \$ | \$ |
| 7. | Indirect c | Name and Address of the Owner, where the Owner, which is the Owner, where the Owner, which is the Owner, whi | S | \$ | \$ | S |
| 8. | | otal costs: | | S | \$ | \$ |

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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

| | Schedule #4—Request for Amendment (cont.) | | | | | |
|-----------|--|-----------------------|------------------------------------|--|--|--|
| County | /-district number (| or vendor ID: 246908 | Amendment # (for amendments only): | | | |
| Part 4: | : Amendment Ju | stification | | | | |
| Line # | Schedule # Being Amended | Description of Change | Reason for Change | | | |
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | - 1 | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| | <u>. </u> | | | | | |

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| Via telephone/fax/email (circle as appropriate) | By TEA staff person: | |

Schedule #5—Program Executive Summary

County-district number or vendor ID: 246908

Amendment # (for amendments only):

Provide a brief overview of the program you plan to deliver. Refer to the instructions for a description of the requested elements of the summary. Response is limited to space provided, front side only, font size no smaller than 10 point Arial.

Introduction

Developmental dyslexia is the most common neurologically based disorder in children impacting 17%-21% of school-age children. Dyslexia also affects 80% of all children identified as learning-disabled (Ferrer, Shaywitz, Holahan, Marchione, & Michaels, 2015; Morken, Helland, Hugdahl, & Specht, 2017). Dyslexia is not, however, a strictly reading issue. Dyslexia is a language and phonological processing disorder that impacts the identification and processing of the elemental sounds of speech impacting both spoken and written language (Ferrer, Shaywitz, Holahan, Marchione, & Michaels, 2015). Recent research also recognizes additional cognitive functions that impact dyslexia such as verbal short term memory, working memory, long term memory, visual skills, and executive skills making dyslexia a complex disorder to treat or improve (Morken, Helland, Hugdahl, & Specht, 2017). Further, as dyslexia is a language disorder at its core, it is essential to understand that language is not a single cognitive function. Multiple sensory input and motor output systems are involved in language learning, specifically auditory language, visual language, spoken language, and written language (Berninger & Wolf, 2015). Studies have identified that gaps are evident as early as pre-literate and emergent readers in early childhood instruction, with a lifetime gap between reading disabled and non-disabled peers (Ferrer, Shaywitz, Holahan, Marchione, & Michaels, 2015; Shaywitz, Gruen, & Shaywitz, 2007; Zoubrinetzky, Bielle, & Valdois, 2014).

In Texas, dyslexia and related disorders are to be addressed through general education services as outlined in the Texas Dyslexia Handbook (Texas Education Agency, 2014). Dyscalculia, dysgraphia, and oral written language learning disabilities (OWL LD) are disorders related to dyslexia but not frequently addressed in Texas public schools unless identified as a specific learning disability under the Individuals with Disabilities Education Act (IDEA) (Berninger & Wolf, 2015; Texas Education Agency, 2014). Dysgraphia is a written language disorder that involves motor skills and the language skills involved in finding, retrieving, and producing letters. OWL LD is frequently identified initially with deficits in both expressive and receptive language development. Dyscalculia impacts the ability to perform calculation such as basic addition, subtraction, multiplication, and division. Specialized, differentiated instruction for dysgraphia, dyslexia, and OWL LD should target multiple language systems with multiple sensory and motor systems to address language by ear, eye, mouth, and hand (Berninger & Wolf, 2015). For students struggling in math, instruction needs to be targeted to the area of disability in quantitative reasoning, visual-special, and/or language processes contributing to math learning.

Explicit instruction is a systematic and direct instructional approach that provides specific instruction focusing on the critical content (Archer & Hughes, 2011). Skills, strategies, and concepts are logically sequenced to allow for building skill sets. Students identified with dyslexia and related disorders require explicit instruction in all language modalities in addition to targeted instruction in the specific area of deficit or disability (Berninger & Wolf, 2015). To provide the appropriately targeted instruction, however, the deficits must (a) be accurately identified and (b) teachers must have the knowledge required to provide appropriately designed instruction to meet the specific learning needs of each struggling student. The identification process for students with learning needs such as dyslexia and related disorders is through the multi-tiered support system of response to intervention (Rtl). Based on identified learner needs and student data, students are placed within a tiered intervention system. Each tier increases the intensity of interventions provided. Students who continue to not make progress, academically and/or behaviorally, may be referred to special education for further evaluation (Barnett, Daly III, Jones, & Lenttz Jr, 2004; Berkeley, Bender, Peaster, & Saunders, 2009; Fuchs & Fuchs, 2006; Glover & DiPenna, 2007; Hoover, 2011). The utilization of Rtl had been identified as prevention designed to reduce academic and behavioral failures, and may be the mechanism for improving the outcomes for struggling learners (Barnett, Daly III, Jones, & Lenttz Jr, 2004; Berkeley, Bender, Peaster, & Saunders, 2009; Fuchs & Fuchs, 2006; Glover & DiPenna, 2007; Hoover, 2011).

Statement of the Problem

Identification

Identification in an RtI model is based on collected screening data, on-going assessment data, and teacher reported observations. While most teachers are able to identify and bring to the RtI process struggling learners, screening data and academic achievement data currently utilized in these decision-making processes may not provide the detailed and explicit information related to the causal factors of the student's academic struggles in dyslexia and related disorders. While Texas public schools now are required to screen all students in Kindergarten and first grades

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Intervention

for dyslexia, no such requirements exist for the related disorders although per the Dyslexia Handbook public schools retain the need to intervene for these related disorders.

The identification process for dyslexia requires a significant amount of time, specially trained staff, and formal assessments to accurately identify dyslexia prior to provision of general education interventions. Screening procedures and appropriately developed screening instruments may facilitate a more timely identification for students with dyslexia. Screening instruments and the availability of specially trained staff are barriers to the identification and provision of interventions to students with dyscalculia and/or dysgraphia.

General education teachers are not highly trained to provide the language, motor, and sensory explicit instruction that is recommended for the targeted intervention for these dyslexia related disorders. Currently, students are provided with more generalized interventions through an Rtl process but may not receive the targeted, research-based instructional intervention until the student is identified for services through special education. Research has indicated that for students with dyslexia and related disorders that once the gap in skills is observable, students with these disorders are typically not able to achieve at as high a level as their non-disabled peers. Early identification and

intervention are critical in ensuring these students are provided the appropriate instruction to meet their specific needs. References

- Archer, A. L., & Hughes, C. A. (2011). Explicit Instruction: Effective and Efficient Teaching. New York: The Guilford Press.
- Barnett, D. W., Daly III, E. J., Jones, K. M., & Lenttz Jr, F. E. (2004). Response to intervention: Empirically based special services decisions from single-case designs of increasing and decreasing intensity. *The Journal of Special Education*, 66-79.
- Barnett, D. W., Elliott, N., Wolsing, L., Bunger, C. E., Haski, H., McKissick, C., & Vander Meer, C. D. (2006). Response to intervention for young children with extremely challenging behaviors: what it might look like. *School Psychology Review*, 568-582.
- Berkeley, S., Bender, W. N., Peaster, L. G., & Saunders, L. (2009). Implementation of response to intervention. *Journal of Learning Disabilities*, 85-95.
- Berninger, V., & Wolf, B. (2015). Teaching students with dyslexia, dysgraphia, owl Id, and dyscalculia, second edition. Retrieved from https://ebookcentral.proquest.com.ezproxy.library.tamu.edu
- Ferrer, E., Shaywitz, B. A., Holahan, J. M., Marchione, K. E., & Michaels, R. S. (2015). Achievement gap in reading is present as early as first grade and persists through adolescence. *The Journal of Pediatrics*, 1121-1125.
- Fuchs, D., & Fuchs, L. S. (2006). Introduction to response to intervention: What, why, and how valid is it? *Reading Research Quarterly*, 93-99.
- Glover, T. A., & DiPerna, J. C. (2007). Service delivery for response to intervention: Core components and directions for future research. School Psychology Review, 526-540.
- Hoover, J. J. (2011). Making informed instructional adjustments in Rtl models: Essentials for Practitioners. *Intervention in School and Clinic*, 82-90.
- Morken, F., Helland, T., Hugdahl, K., & Specht, K. (2017). Reading in dyslexia across literacy development: A longitudinal study of effective connectivity. *NeuroImage*, 92-100.
- Shaywitz, S. E., Gruen, J. R., & Shaywitz, B. A. (2007). Management of dyslexia, its rationale, and underlying neurobiology. *Pediatric Clinics of North America*, 609-623.
- Texas Education Agency. (2014). The Dyslexia Handbook: Procedures Concerning Dyslexia and Related Disorders. Austin: TEA.
- Zoubrinetzky, R., Bielle, F., & Valdois, S. (2014, June 11). *New insightes on developmental dysixia: Heterogeneity of mixed reading profiles.* Retrieved from National Center for Biotechnology Information: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4053380/

Schedule #5—Program Executive Summary (cont.)

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| Changes on this page have been confirmed with: | On this date: |
| Via telephone/fax/email (circle as appropriate) | By TEA staff person: |

| | Schedule #6 | —Program | Budget Summary | A TAKE FOR | |
|---|--|--------------------------|-----------------------|-------------------|------------------------|
| County-distr | ict number or vendor ID: 246908 | | Amenda | ment # (for amen | dments only): |
| Program aut | hority: Texas Education Code, 29.027, | House Bill 2 | 1, Section 3, 85th To | exas Legislature, | 2017 |
| Grant period | : May 1, 2018, to August 31, 2019 | | Fund code/shared | services arrange | ement code: 429/459 |
| Budget Sur | nmary | | | | |
| Schedule # | Title | Class/ Object Code | Program Cost | Admin Cost | Total Budgeted Cost |
| Schedule #7 | Payroll Costs (6100) | 6100 | \$290,000 | \$ | \$290,000 |
| Schedule #8 | Professional and Contracted Services (6200) | 6200 | \$27,000 | \$ | \$27,000 |
| Schedule #9 | Supplies and Materials (6300) | 6300 | \$35,000 | \$ | \$35,000 |
| Schedule #1 | 0 Other Operating Costs (6400) | 6400 | \$5,000 | \$ | \$5,000 |
| Schedule #1 | 1 Capital Outlay (6600) | 6600 | \$ | \$ | \$ |
| <u></u> - | Total d | irect costs: | \$ | \$ | \$ |
| | Percentage% indirect costs | (see note): | N/A | \$ | \$ |
| Grand total | of budgeted costs (add all entries in eac | h column): | \$ | \$ | 357,000 |
| | Shared | Services A | rrangement | ` | |
| | ments to member districts of shared ser ngements | vices | \$ | \$ | \$ |
| | Adminis | strative Cos | t Calculation | | |
| Enter the tot | al grant amount requested: | | | | \$53,550 |
| Percentage limit on administrative costs established for the program (15%): | | | | x .15 | |
| | round down to the nearest whole dollar naximum amount allowable for administ | | | osts: | \$410,550 |

NOTE: Indirect costs are calculated and reimbursed based on actual expenditures when reported in the expenditure reporting system, regardless of the amount budgeted and approved in the grant application. If indirect costs are claimed, they are part of the total grant award amount. They are not in addition to the grant award amount.

Indirect costs are not required to be budgeted in the grant application in order to be charged to the grant. Do not submit an amendment solely for the purpose of budgeting indirect costs.

If selected for a competitive grant, your award amount will be the lesser of the grand total of budgeted costs as stated on this schedule (the box with the bold outline), or the sum of all line items listed on this schedule, or the maximum allowable award amount. TEA is not responsible for math errors.

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| County- | -district number or vendor ID: | Amen | dment # (for am | endments only): |
|---------|---|--|---|--------------------------|
| : | Employee Position Title | Estimated # of Positions 100% Grant Funded | Estimated # of Positions <100% Grant Funded | Grant Amount Budgeted |
| Acader | nic/Instructional | E 0 | IIVaG III | = <u></u> |
| 1 Te | eacher | 3 | | \$140,000 |
| 2 Ed | ducational aide | | | \$ |
| 3 Tu | tor | | | \$ |
| Progra | m Management and Administration | | | |
| 4 Pro | oject director/administrator | | | \$ |
| 5 Pro | oject coordinator | | | \$ |
| 6 Te | eacher facilitator | | | \$ |
| 7 Te | acher supervisor | | | \$ |
| 8 Se | ecretary/administrative assistant | | 0.5 | \$10,000 |
| | ata entry clerk | | | \$ |
| | ant accountant/bookkeeper | | | \$ |
| 11 Ev | /aluator/evaluation specialist | 1 | 0.5 | \$75,000 |
| Auxilia | ry | | | |
| 12 Co | ounselor | | | \$ |
| | ocial worker | | | \$ \$ |
| 14 Cc | Community liaison/parent coordinator | | | |
| | Employee Positions | - 1 | | |
| 15 Tit | de OT | | 0.25 | \$10,000 |
| | ile PT | | 0.25 | \$10,000 |
| 17 Tit | | | | \$ |
| 18 | | Subtotal em | ployee costs: | \$245,000 |
| Substit | tute, Extra-Duty Pay, Benefits Costs | = U Ksi()00(| 0 6 | 1807-00 0##AC |
| | 12 Substitute pay | | | \$ |
| | 19 Professional staff extra-duty pay | | | \$25,000 |
| | 21 Support staff extra-duty pay | | | \$10,000 |
| | 40 Employee benefits | | | \$45,000 |
| | 61XX Tuition remission (IHEs only) | | | \$15,000 |
| 24 | | substitute, extra-duty, b | enefits costs | \$95,000 |
| 25 G | Grand total (Subtotal employee costs plus subtotal substitute, extra-duty, benefits costs): | | | \$340,000 |

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| THAI | W. | Schedule #8—Professional and Contracted Services (6200) | 2015年1月1日1日1日1日 |
|------|-------------|--|--|
| | | -district number or vendor ID: Amendment # (fo | r amendments only): |
| DLO. | TE: vide | Specifying an individual vendor in a grant application does not meet the applicable restreets. TEA's approval of such grant applications does not constitute approval of a sole-section. | quirements for sole-source ource provider. |
| | | Professional and Contracted Services Requiring Specific Appro | |
| | | Expense Item Description | Grant Amount Budgeted |
| | | Rental or lease of buildings, space in buildings, or land | |
| 626 | 89 | Specify purpose: | \$ |
| | a. | Subtotal of professional and contracted services (6200) costs requiring specific approval: | \$ |
| 2111 | | Professional and Contracted Services | |
| # | | Description of Service and Purpose | Grant Amount Budgeted |
| _1 | | egion ESC 13 training for assistive technology team | \$5,000 |
| 2 | | aluation trainings | \$3,000 |
| 3 | | sistive Technology evaluations | \$5,000 |
| 4 | Ex | plicit instruction training | \$7,500 |
| 5 | | | \$ |
| 6 | | | \$ |
| 7 | | | \$ |
| 8 | | | \$ |
| 9 | | | \$ |
| 10 | | | \$ |
| 11 | | | \$ |
| 12 | | | \$ |
| 13 | | | \$ |
| 14 | | | \$ |
| | b. | Subtotal of professional and contracted services: | \$20,000 |
| | c. | Remaining 6200—Professional and contracted services that do not require specific approval: | \$7,000 |
| | | (Sum of lines a, b, and c) Grand total | \$27,000 |

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| Schedule #9—Supplies and M | aterials (6300) | |
|--|-------------------|--------------------------|
| County-District Number or Vendor ID: 246908 Amendment number (for | | amendments only): |
| Supplies and Materials Requiring | Specific Approval | |
| Expense Item Description | | Grant Amount Budgeted |
| 6300 Total supplies and materials that do not require specific approval: | | \$9,700 |
| | Grand total: | \$9,700 |

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| | Schedule #10—Other Operating (| Costs (6400) | |
|---|--|------------------------|--------------------------|
| County | y-District Number or Vendor ID: 246908 An | nendment number (for a | mendments only): |
| Expense Item Description | | | Grant Amount Budgeted |
| 6411 | Out-of-state travel for employees. Must be allowable per Program Guidelines and grantee must keep documentation locally. | | \$ |
| Subtotal other operating costs requiring specific approval: | | \$ | |
| Remaining 6400—Other operating costs that do not require specific approval: | | \$5,000 | |
| | | Grand total: | \$5,000 |

In-state travel for employees does not require specific approval.

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| Cou | Schedule #11—6 hty-District Number or Vendor ID: 246908 | | THE STATE OF THE S | r (for amendments only): |
|------|---|---------------------|--|--------------------------|
| # | Description and Purpose | Quantity | Unit Cost | Grant Amount Budgete |
| | —Library Books and Media (capitalized and contr | olled by library |) | Orant Amount Budgete |
| 1 | | N/A | N/A | \$ |
| 66X) | —Computing Devices, capitalized | 1 1111 | 1477 | Ψ |
| 2 | Computers or tablet assistive technology | 80 | \$300 | \$24,000 |
| 3 | F1 | | \$ | \$ |
| 4 | | | \$ | \$ |
| 5 | | | \$ | \$ |
| 6 | | | \$ | \$ |
| 7 | | | \$ | \$ |
| 8 | | | \$ | \$ |
| 9 | | | \$ | \$ |
| 10 | | | \$ | \$ |
| 11 | | | \$ | \$ |
| | —Software, capitalized | | | |
| 12 | Screening software program per student license | | \$10 | \$800 |
| 13 | Evaluation scoring and protocols | | \$10 | \$500 |
| 14 | | | \$ | \$ |
| 15 | | | \$ | \$ |
| 16 | | | \$ | \$ |
| 17 | | | \$ | \$ |
| 18 | | | \$ | \$ |
| | —Equipment or furniture | | | |
| 19 | | | \$ | \$ |
| 20 | | | \$ | \$ |
| 21 | | | \$ | \$ |
| 22 | | | \$ | \$ |
| 23 | | | \$ | \$ |
| 24 | | | \$ | \$ |
| 25 | | | \$ | \$ |
| 26 | | | \$ | \$ |
| 27 | | | \$ | \$ |
| 28 | | | \$ | \$ |
| ncre | —Capital expenditures for additions, improvement ase their value or useful life (not ordinary repairs | ts, or modification | tions to capital ce) | assets that materially |
| 29 | | | | \$ |
| | | | Grand total: | \$25,300 |

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| A . The Late of the | Sc | hedule | #12—Demog | raphics of Pa | rticipant | s to Be Sen | ved with G | rant Funds | ALTERNATION OF |
|--|---|----------------------|----------------------------------|-----------------------------------|-------------------------|--------------------------------------|--------------|--------------|--|
| County-district | County-district number or vendor ID: 246908 | | | | | Amendment # (for amendments only): | | | |
| grade projected | to be Jested | served u | under the grar mportant to un | it program. Us iderstanding th | se the cor se popula | er the total a | number of | students an | d teachers in each of any data not gram. Response is |
| School Type: | ⊠ Pt | aplic | Open-Enro | ilment Charter | ☐ Priva | te Nonprofit | ☐ Privat | e For Profit | Public Institution |
| Grade | | Numbe | er of Student | 5 | Numbe | umber of Teachers Student/Teacher Ra | | | Feacher Ratio |
| PK | | 5 | | | 1 | | | 3:1 | |
| K | | 15 | | | 5 | | | 3:1 | |
| 1 st | | 20 | | | 5 | | | 3:1 | |
| 2 nd | | 20 | | | 5 | | | 3:1 | |
| 3rd | | 20 | -90 | | 5 | | | 3:1 | |
| COMMENTS | | | | | | | | | |
| Part 2: Amount add a descriptio provided by this | n of ar grant | ny data r program | not specifically | requested that | it is impol | rtant to unde | erstanding : | the amount | comment section to of instruction to be 10 point. |
| Amount of Instruction | | | | | | CO | MENTS | | |
| School day hours (ex) 8:30am – 4:30pm | | | 7:30 am – 3:30 pm | | | | | | |
| Number of days | Number of days in school year | | | 173 | | | | 100000 | |
| Minutes of inst | Minutes of instruction per school year | | | 75,600 | | | | | |

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Need

| 3 | chodule | #13_ | -Neede | Assessment | |
|---|---------|------|--------|------------|--|

County-district number or vendor ID: 246908

Amendment # (for amendments only):

Part 1: Process Description. A needs assessment is a systematic process for identifying and prioritizing needs, with "need" defined as the difference between current achievement and desired outcome or required accomplishment.

Describe your needs assessment process, including a description of how needs are prioritized. If this application is for a district level grant that will only serve specific campuses, list the name of the campus(es) to be served and why they were selected. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

The program will be piloted at the Bill Burden Elementary School (BBES) campus. The BBES campus has the highest enrollment of the three LHISD elementary campuses. The BBES campus has the highest number of students identified as needing dyslexia services. The campus currently serves 24 students in direct dyslexia instructional services. Further, this campus has the highest number of student participating an a pull-out Rtl intervention. As a result, this campus was selected due to the level of need identified through the Rtl process.

All students in first through fourth grades will be screened at the start of the school year to identify the level of risk for dyslexia, dysgraphia, and/or dyscalculia. Students in Pre-K and Kindergarten will be screened at the end of the school year during the dyslexia screening process. Students designated at an elevated level of risk for dysgraphiz and/or dyscalculia will be referred to the Section 504 committee for consideration of further evaluation. With parent consent, students will be evaluated for dyslexia and/or related disorders using formal evaluation instruments and a multidisciplinary team, as appropriate.

If the student is assessed as having dyslexia or a related disorder, the intervention team, the Section 504 committee members, and the parent(s)/guardian(s) will meet to consider Section 504 eligibility and to develop a plan based on the evaluation findings.

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Schedule #13—Needs Assessment (cont.) County-district number or vendor ID: 246908 Amendment # (for amendments only): Part 2: Alignment with Grant Goals and Objectives. List your top five needs, in rank order of assigned priority. Describe how those needs would be effectively addressed by implementation of this grant program. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. How Implemented Grant Program Would Address **Identified Need** Early identification of dyslexia, dysgraphiz, and The grant would allow the district to purchase and dyscalculia is required to ensure students are implement screening and evaluation procedures for provided with the correct instruction and intervention dysgraphia and dyscalculia in addition to dyslexia. to address needs prior to the development of achievement deficits and gaps. The grant would allow for the development of a Dyslexia and related disorders have multiple language, sensory, motor, and processing areas that comprehensive team to provide wrap around supports for dyslexia and related disorders. are impacted by these disorders. A comprehensive multi-disciplinary approach to intervention will provide 2. the student with interventional programming most likely to prevent achievement discrepancies from developing. Specialized staff would be available to model strategies General education teachers require training on the and to embed professional development within the provision of explicit instruction and how to support dyslexia and related disorders in the classroom classroom setting for classroom teachers. setting. 3. Specialized staff will provide parent training Parent training 4. 5.

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| Schedule #14—Management Plan | | | | | |
|------------------------------|--|--|---|--|--|
| Co | County-district number or vendor ID: 246908 Amendment # (for amendments only): | | | | |
| inν | Part 1: Staff Qualifications. List the titles of the primary project personnel and any external consultants projected to be involved in the implementation and delivery of the program, along with desired qualifications, experience, and any requested certifications. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. | | | | |
| # | Title | Desired Qualifications, Ex | perience, Certifications | | |
| 1. | Teacher | Minimum 3-5 years elementary classroom or speci dyslexia or related disorders preferred. | al education experience. Additional training in | | |
| 2. | Certified Academic Language Terapist (CALT) | Certification as a CALT. Minimum 2 years experien | nce providing dyslexia services. | | |
| 3. | Assistive Technology Assessments | Contract AT evaluations until district AT team is tra | ined. | | |
| 4. | Region ESC 13 | Training for Assistive Technology team | | | |
| 5. | Speech Language Pathologist | Minimum 5 years experience. Completion of ASHA language pathology (CCC-SLP). | Certificate of Clinical Competence in speech- | | |
| Day | 4 7. 86314 | Lib Track the a Common the state and a size of the state of the | | | |

Part 2: Milestones and Timeline. Summarize the major objectives of the planned project, along with defined milestones and projected timelines. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point.

| # | Objective | | Milestone | Begin Activity | End Activity |
|----|--|----|--|----------------|--------------|
| | Develop district | | Research to identify screeners for dysgraphia and dyscalulia | 04/15/2018 | 05/10/2018 |
| 1. | screening and evaluation | 2. | Review dcreeners with dyslexia and special education evaluation staff | 05/10/2018 | 05/17/2018 |
| | procedures | 3. | Select screening instruments to be utilized | XX/XX/XXX | XX/XX/XXXX |
| | | 4. | Develop plan for training staff on screeners | XX/XX/XXX | XX/XX/XXX |
| | | 1. | Written processes and procedures | XX/XX/XXX | XX/XX/XXX |
| | Establish team and | 2. | Written protocols for data analysis | XX/XX/XXX | XX/XX/XXXX |
| 2. | develop framework for collaboration | 3. | Schedule for the year dates for benchmarks and collaborative planning meetings with team and campus administration | XX/XX/XXXX | XX/XX/XXXX |
| | | 4. | | XX/XX/XXX | XX/XX/XXXX |
| | | 1. | | 05/01/2018 | 06/01/2018 |
| 3. | | 2. | | XX/XX/XXXX | XX/XX/XXXX |
| " | | 3. | | XX/XX/XXXX | XX/XX/XXXX |
| | | 4. | | XX/XX/XXXX | XX/XX/XXXX |
| | | 1. | | XX/XX/XXX | XX/XX/XXXX |
| 4. | | 2. | | XX/XX/XXXX | XX/XX/XXXX |
| " | | 3. | | XX/XX/XXX | XX/XX/XXXX |
| | | 4. | | XX/XX/XXX | XX/XX/XXXX |

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| exas Education Agency | Standard Application System (SAS) |
|---|---|
| Schedule #14—Manag | gement Plan (cont.) |
| County-district number or vendor ID: 246908 | Amendment # (for amendments only): |
| Part 3: Feedback and Continuous Improvement. Describe that in place for monitoring the attainment of goals and objecting goals and objectives is adjusted when necessary and how chartudents, parents, and members of the community. Response no smaller than 10 point. | ves. Include a description of how the plan for attaining anges are communicated to administrative staff, teachers, is limited to space provided, front side only. Use Arial font, |
| Data collection on program implementation and fidelity is colle Data meetings are held with campus administrators to review | |
| Campus administrators and instructional staff meet to make chairector and/or program coordinators | |
| Curriculum Administrative meetings review data to identify trer Student Support Services Parent Advisory Committee being in Live Binder updated with most current information | nplemented |
| District department website updated with most current information | |
| | |
| | |
| | |
| Part 4: Sustainability and Commitment. Describe any ongoi planned project. How will you coordinate efforts to maximize e project participants remain committed to the project's success' Use Arial font, no smaller than 10 point. | ffectiveness of grant funds? How will you ensure that all |
| The current dyslexia program and services are in similar to the Rtl is an established process on all campuses, and the basis for | |
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| | Sc | chedule #15—Project Evaluation | | |
|--|--|--|--|--|
| unty-district number or vendor ID: 2 | 246908 | Amendment # (for amendments only): | | |
| rt 1: Evaluation Design. List the mectiveness of project strategies, inc | nethod: cluding | s and processes you will use on an ongoing basis to examine the the indicators of program accomplishment that are associated with each | | |
| Evaluation Method/Process | 1, 110111 | Associated Indicator of Accomplishment | | |
| Student identification | 1. | Number of students served in the program | | |
| | 2. | Transet of statems served in the program | | |
| | 3. | | | |
| Support intensity | | Tracking time of support provided by each services provider | | |
| 12 | | Tracking intervention time | | |
| Student achievement | | Aimstuck data reports each 2 weeks for allulant in the | | |
| Otadent achievenient | | Aimsweb data reports each 3 weeks for student in the program State assessment results | | |
| | | District benchmark results and/or skills data collection PK-K | | |
| Student referrals for more | 1. | Number of students referred for special education evaluation | | |
| services | 2. | Number of students eligible for special education services | | |
| | 3. | | | |
| | | | | |
| | | | | |
| t 2: Data Collection and Problem | | action. Describe the processes for collecting data that are included in the | | |
| evaluation design, including program-level data such as program activities and the number of participants served, and student-level academic data, including achievement results and attendance data. How are problems with project delivery to be identified and corrected throughout the project? Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. Specific student data will be utilized to determine the effectiveness of the program on student achievement. Student growth data in the targeted areas will be utilized to determine if there are increases in student achievement. Data comparing the group receiving the intervention compared with non-disabled peers will be studied to determine how the intervention group is performing academically compared to non-disabled peers. | | | | |
| | | | | |
| | | | | |
| | t 1: Evaluation Design. List the rectiveness of project strategies, incorporate is limited to space provided Evaluation Method/Process Student identification Support intensity Student achievement Student referrals for more services t 2: Data Collection and Problem is services t 2: Data Collection and Problem is identified and corrected througher identified and corrected througher, no smaller than 10 point. cific student data will be utilized to dent growth data in the targeted and comparing the group receiving the | t 1: Evaluation Design. List the methods ectiveness of project strategies, including sponse is limited to space provided, front Evaluation Method/Process Student identification Support intensity Student achievement Student referrals for more services 1. 2. 3. Student referrals for more services 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 2. 3. 1. 3. 1. 3. 1. 3. 1. 3. 3. 1. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. | | |

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| Schedule #16—Responses to Statutory Requirements (cont.) |
|---|
| County-district number or vendor ID: 246908 Amendment # (for amendments only): |
| Statutory Requirement 1: Describe how the program will incorporate evidence-based and research-based design and |
| how the program will include effective use of technology. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. |
| Response to Intervention frequent data checks and progress monitoring is well established in research as an evidence-based practice. The data analysis process would be established after the problem solving processes utilized in Rtl by the multi-discilinary team. The level and intensity of interventions can be adjusted based on the needs of the students as reflected in data. |
| |
| Statutory Pequirement 2: Describe how the program will collect empirical data on attribute actions and and actions and actions and actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on attribute actions and actions are actions as a statutory program will collect empirical data on a statutory program will be action as a statutory program will be action at the statutory program will be action as a statutory program will be action |
| Statutory Requirement 2: Describe how the program will collect empirical data on student achievement and improvement and use that data to support effective program implementation. The applicant should describe the process by which baselines for these metrics will be established. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. |
| Students are evaluated at the start of the school year using aimsweb in grades 1-3. Students are skill evaluated by |
| teachers in grades PK-K at the start of each school year. Students involved in the program will be benchmarked every three years to determine the affect on achievement during the program implementation. Data analysis in aimsweb will allow for tracking of specific skill areas identified as deficit and linked to dyslexia, dyscalculia, and/or dysgraphia. Student data will be analyzed and discussed twice per 6-weeks grading period. |
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| Schedule #16—Responses to Statuto | ory Requirements (cont.) |
|--|---|
| County-district number or vendor ID: 246908 | Amendment # (for amendments only): |
| Statutory Requirement 3: Describe how the program will incorpora limited to space provided, front side only. Use Arial font, no smaller | ate parental support and collaboration. Response is |
| Parent training and information for the community on dyslexia and r Stakeholder feedback from the Student Support Services Parent Ad | elated disorders during Parent Empowerment Events |
| | |
| | |
| | 4 |
| | |
| Statutory Requirement 4: Describe how the proposed program will program can be replicated for students statewide. Response is limite no smaller than 10 point. | I reflect the diversity of the state and how the ed to space provided, front side only. Use Arial font, |
| Once the team process is formalized and documented, replication to able to address unique cultural diversity across the state. | o other campuses will be possible. The team will be |
| | |
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| Schedule #17—Responses to TEA Program Requirements | | |
|---|--|--|
| County-district number or vendor ID: 246908 Amendment # (for amendments only): | | |
| TEA Program Requirement 1: Describe how the program will use innovative approaches to effectively address the unique academic and functional needs of students with dyslexia. Applicants may focus on new and innovative practices, new and innovative ways to remove barriers to effective implementation of accepted practices, or both. Response is limited to space provided, front side only. Use Arial font, no smaller than 10 point. | | |
| Dyselxia is typically addressed as a reading deficit. The instructional interventions are multi-modality, but do not focus specifically on the underlying cognitive impact of language and processing on academic achievement. The wrap around team would allow for the integration of supports for both the students and the classroom teacher by modeling strategies, technique, and technology. | | |
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| Schedule #17—Responses to TEA Program Requirements (cont.) | | | |
|--|--|--|--|
| County-district number or vendor ID: | Amendment # (for amendments only): | | |
| TEA Program Requirement 2: Describe coordination of services with priv | ate or community-based providers. Response | | |
| is limited to space provided, front side only. Use Arial font, no smaller than 10 point. | | | |
| ☑ NA – Program will not coordinate with private or community based providers. | | | |
| Click and type here to enter response. | | | |
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